

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Jocelyn Rhynard				Registration Number, if PAC			
Full Name of Candidate Jocelyn Spencer Rhynard							
Street Address 107 McDaniel St.				Office Sought School Board		District Dayton	
City Dayton				State OH		Zip Code 45405	
Type of Report (place X to the left of report type)	☐ Pre-Primary	☐ Post-Primary	☒ Pre-General	☐ Post-General	Annual Year		
	☐ July Monthly	☐ August Monthly	☐ September Monthly	☐ Termination	Semiannual		
Amended Report? ☐ Yes ☒ No		Report Electronically Filed? ☐ Yes ☒ No		Date of Election		M 1 1 0 7 1 7	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐ No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	
2. Total monetary contributions (From Form No. 31-A)	\$	13,760 00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	13,760 00
5. Total monetary expenditures (From Form No. 31-B)	\$	3,142 20
6. Balance on hand (line 4 minus line 5)	\$	10,617 80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	2,500 00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

RECEIVED
2017 OCT 26 PM 1:40
BOARD OF ELECTIONS
MONTGOMERY COUNTY

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Jocelyn Rhynard, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Jocelyn Rhynard
Signature

10-25-2017
Date

Contribution
pages 8

Expenditure
pages 2

Other
pages 1

Total
pages 11

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhyndard							
Full Name of Contributor Kristina Lewis						Registration Number, if PAC	
Street Address 224 Willowwood Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton		State OH	Zip Code 45405	M 04	D 19	Y 17	Amount 10.00
Full Name of Contributor Diedra Jardine						Registration Number, if PAC	
Street Address 7412 Las Lunas			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City San Diego		State CA	Zip Code 92127	M 04	D 21	Y 17	Amount 100.00
Full Name of Contributor Frances Rachel Magdalene						Registration Number, if PAC	
Street Address 1 Oakwood Ave, #55			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton		State OH	Zip Code 45409	M 04	D 30	Y 17	Amount 10.00
Full Name of Contributor Samuel Dorf						Registration Number, if PAC	
Street Address 101 Oak Knoll Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton		State OH	Zip Code 45419	M 04	D 30	Y 17	Amount 50.00
Full Name of Contributor Joyce and Heath MacAlpine						Registration Number, if PAC	
Street Address 6630 Golf Green Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Centerville		State OH	Zip Code 45459	M 04	D 30	Y 17	Amount 50.00
Full Name of Contributor DeAnn Spencer						Registration Number, if PAC	
Street Address 1914 Viola Hts Ln. NE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Rochester		State MN	Zip Code 55906	M 06	D 05	Y 17	Amount 100.00
Full Name of Contributor Diane Lai						Registration Number, if PAC	
Street Address 118 Peach Orchard Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line	
City Dayton		State OH	Zip Code 45419	M 08	D 01	Y 17	Amount 20.00
Full Name of Contributor Aimee Noel and Carrie Scarft						Registration Number, if PAC	
Street Address 29 Floral Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton		State OH	Zip Code 45405	M 08	D 28	Y 17	Amount 50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhynard							
Full Name of Contributor Michael and Gretchen Jacobs						Registration Number, if PAC	
Street Address 101 McDaniel St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 09	D 01	Y 17	Amount 100.00	
Full Name of Contributor Paidion Properties, LLC-Evan Bambakidis						Registration Number, if PAC	
Street Address 15 Floral Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 09	D 04	Y 17	Amount 100.00	
Full Name of Contributor Dallas and Kari Hansen						Registration Number, if PAC	
Street Address 7565 Doe View Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City West Chester	State OH	Zip Code 45069	M 09	D 11	Y 17	Amount 350.00	
Full Name of Contributor Buddy and Donna LaChance						Registration Number, if PAC	
Street Address 120 Floral Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 09	D 09	Y 17	Amount 75.00	
Full Name of Contributor Treble One, LLC-Brian Bullerman						Registration Number, if PAC	
Street Address 120 Floral Ave, suite 420		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 09	D 12	Y 17	Amount 500.00	
Full Name of Contributor Theresa Gaspar						Registration Number, if PAC	
Street Address 2130 Hedge Gate Blvd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Dayton	State OH	Zip Code 45431	M 09	D 13	Y 17	Amount 100.00	
Full Name of Contributor Jeremy Olson						Registration Number, if PAC	
Street Address 222 S. Westview Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton, OH	State OH	Zip Code 45403	M 09	D 16	Y 17	Amount 100.00	
Full Name of Contributor David and Rebekah Chrisman						Registration Number, if PAC	
Street Address 809 Butternut Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Kettering	State OH	Zip Code 45419	M 09	D 17	Y 17	Amount 75.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1400.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhynard							
Full Name of Contributor Lorka Munoz-Daugherty						Registration Number, if PAC	
Street Address 40 Central Ave				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45406		M D Y 09 18 17	
						Amount 250.00	
Full Name of Contributor Adrienne Wai Wah Lee						Registration Number, if PAC	
Street Address 104 High St.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dayton		State OH		Zip Code 45403		M D Y 09 18 17	
						Amount 1000.00	
Full Name of Contributor Lela Klein						Registration Number, if PAC	
Street Address 214 Adams St.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Dayton		State OH		Zip Code 45410		M D Y 09 18 17	
						Amount 100.00	
Full Name of Contributor Paul Peterson						Registration Number, if PAC	
Street Address 3120 17th Ave. S				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Minneapolis		State MN		Zip Code 55407		M D Y 09 18 17	
						Amount 50.00	
Full Name of Contributor Carla Lewis						Registration Number, if PAC	
Street Address 10815 Dino Ridge Dr.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Bakersfield		State CA		Zip Code 93312		M D Y 09 19 17	
						Amount 100.00	
Full Name of Contributor Gina Thompson						Registration Number, if PAC	
Street Address 232 Buckthorn Rd.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City New Castle		State CO		Zip Code 81647		M D Y 09 19 17	
						Amount 20.00	
Full Name of Contributor Kerensa Hughes						Registration Number, if PAC	
Street Address 26 Oakwood Ave				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Lebanon		State OH		Zip Code 45036		M D Y 09 19 17	
						Amount 100.00	
Full Name of Contributor Meridith Saver						Registration Number, if PAC	
Street Address 25 James St.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Dayton		State OH		Zip Code 45410		M D Y 09 19 17	
						Amount 75.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1695.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhynard							
Full Name of Contributor Carolyn Rice						Registration Number, if PAC	
Street Address 1135 Green Tree Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45429	M 09	D 20	Y 17	Amount 100.00	
Full Name of Contributor Matthew Noordsij-bues						Registration Number, if PAC	
Street Address 517 McLain St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45403	M 09	D 21	Y 17	Amount 1000.00	
Full Name of Contributor Kathryn Bills and Michael Tenney						Registration Number, if PAC	
Street Address 3804 LeFevre Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45429	M 09	D 19	Y 17	Amount 20.00	
Full Name of Contributor Rixa and Eric Freeze						Registration Number, if PAC	
Street Address 203 Wallace Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Crawfordsville	State IN	Zip Code 47933	M 09	D 15	Y 17	Amount 100.00	
Full Name of Contributor David and Katherine Fanjoy						Registration Number, if PAC	
Street Address 235 Gratton Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45406	M 09	D 24	Y 17	Amount 500.00	
Full Name of Contributor Brittany Dawson						Registration Number, if PAC	
Street Address 1184 Sky Lake Ct.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Sunnyvale	State CA	Zip Code 94089	M 09	D 24	Y 17	Amount 60.00	
Full Name of Contributor Joyce and Heath MacAlpine						Registration Number, if PAC	
Street Address 630 McLain St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Dayton	State OH	Zip Code 45403	M 09	D 25	Y 17	Amount 50.00	
Full Name of Contributor Andrea Funk						Registration Number, if PAC	
Street Address 47 East South Temple St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Salt Lake City	State UT	Zip Code 84150	M 84	D 15	Y 00	Amount 50.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1880.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhynard							
Full Name of Contributor Shayna McConville						Registration Number, if PAC	
Street Address 215 Adams St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Dayton	State OH	Zip Code 45410	M 0	D 9	Y 26	Amount 100.00	
Full Name of Contributor Justine Kelly						Registration Number, if PAC	
Street Address 3 Offutt Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Hanscom AFB	State MA	Zip Code 01731	M 0	D 9	Y 27	Amount 250.00	
Full Name of Contributor Sarah Veve						Registration Number, if PAC	
Street Address 3030 Cornstalk Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Waynesville	State OH	Zip Code 45068	M 0	D 9	Y 28	Amount 50.00	
Full Name of Contributor Heather Leppla						Registration Number, if PAC	
Street Address 27 W. McPherson St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 0	D 9	Y 29	Amount 100.00	
Full Name of Contributor Margaret and Richard Ossege						Registration Number, if PAC	
Street Address 36 W. McPherson St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 0	D 9	Y 29	Amount 50.00	
Full Name of Contributor Joe and Katie Denniston						Registration Number, if PAC	
Street Address 26 W. McPherson St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 0	D 9	Y 29	Amount 50.00	
Full Name of Contributor Ryan and Elizabeth Carr						Registration Number, if PAC	
Street Address 9158 Woodstream Ln.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45458	M 0	D 9	Y 24	Amount 100.00	
Full Name of Contributor Paul Woodie						Registration Number, if PAC	
Street Address 111 Harries St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line	
City Dayton	State OH	Zip Code 45402	M 1	D 0	Y 21	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhynard							
Full Name of Contributor Steve Budd						Registration Number, if PAC	
Street Address 1821 Buskin Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line	
City Dayton		State OH	Zip Code 45406	M 1	D 0	Y 2	Amount 50.00
Full Name of Contributor Elizabeth Shepard						Registration Number, if PAC	
Street Address 31 Floral Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line	
City Dayton, OH		State OH	Zip Code 45405	M 1	D 0	Y 2	Amount 200.00
Full Name of Contributor Margo Chadwick						Registration Number, if PAC	
Street Address 1102 Ambridge Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line	
City Dayton		State OH	Zip Code 45459	M 1	D 0	Y 2	Amount 50.00
Full Name of Contributor Dayton Board of Realtors P.A.C.						Registration Number, if PAC 81-1270641	
Street Address 1515 S. Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton, OH		State OH	Zip Code 45409	M 1	D 0	Y 2	Amount 2000.00
Full Name of Contributor Christina Gaspar						Registration Number, if PAC	
Street Address 221 Walnut Grove Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line	
City Dayton		State OH	Zip Code 45458	M 1	D 0	Y 2	Amount 50.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC						Registration Number, if PAC LA1269	
Street Address 6805 Oak Creek Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43229	M 0	D 0	Y 6	Amount 1000.00
Full Name of Contributor Milt & Joanne Rhynard						Registration Number, if PAC	
Street Address 6805 Oak Creek Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton		State OH	Zip Code 45406	M 1	D 0	Y 2	Amount 50.00
Full Name of Contributor Milt and Joanne Rhynard						Registration Number, if PAC	
Street Address 906 Ashcreek Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Centerville, OH		State OH	Zip Code 45459	M 1	D 0	Y 9	Amount 50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **3400.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhyward									
Full Name of Contributor Wilbur and Cynthia Brooks							Registration Number, if PAC		
Street Address 127 Squirrel Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dayton		State OH	Zip Code 45405		M 1	D 0	Y 9	Amount 100.00	
Full Name of Contributor Rixa Oman							Registration Number, if PAC		
Street Address 1395 East 1600 South			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line		
City Mapleton,		State UT	Zip Code 84664		M 1	D 0	Y 1	Amount 400.00	
Full Name of Contributor Kathleen Carlson							Registration Number, if PAC		
Street Address 222 Glendora Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line		
City Dayton		State OH	Zip Code 45409		M 1	D 0	Y 1	Amount 150.00	
Full Name of Contributor Rita Cyr							Registration Number, if PAC		
Street Address 3000 Hillside Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on-line		
City Dayton		State OH	Zip Code 45429		M 1	D 0	Y 1	Amount 20.00	
Full Name of Contributor Steven and Elizabeth Kohls							Registration Number, if PAC		
Street Address 838 Broadview Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dayton		State OH	Zip Code 45419		M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Thomas Milord							Registration Number, if PAC		
Street Address 1930 N. Springcrest Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dayton		State OH	Zip Code 45432		M 1	D 0	Y 1	Amount 90.00	
Full Name of Contributor Michele Hangen							Registration Number, if PAC		
Street Address 1105 Tudor Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dayton		State OH	Zip Code 45419		M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Teresa M. Graves Strieter							Registration Number, if PAC		
Street Address 115 McDaniel St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dayton		State OH	Zip Code 45405		M 1	D 0	Y 1	Amount 60.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 970.00

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jocelyn Rhynard					
Full Name of Contributor Joyce and Heath MacAlpine				Registration Number, if PAC	
Street Address 630 McLain St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45403	M 1	D 0	Y 17
				Amount 500.00	
Full Name of Contributor Stephanie Cooper				Registration Number, if PAC	
Street Address 2588 Orchard Run Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Dayton	State OH	Zip Code 45449	M 1	D 0	Y 17
				Amount 500.00	
Full Name of Contributor Stephanie Larung				Registration Number, if PAC	
Street Address 909 Citation Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) on-line	
City Dayton	State OH	Zip Code 45420	M 1	D 0	Y 17
				Amount 100.00	
Full Name of Contributor Andrea Hirtle				Registration Number, if PAC	
Street Address 1230 Amherst Pl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45406	M 1	D 0	Y 17
				Amount 25.00	
Full Name of Contributor Doris Adams				Registration Number, if PAC	
Street Address 1358 Bellbrook Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Xenia	State OH	Zip Code 45385	M 1	D 0	Y 17
				Amount 50.00	
Full Name of Contributor Jocelyn and Matthew Rhynard				Registration Number, if PAC	
Street Address 107 McDaniel St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dayton	State OH	Zip Code 45405	M 1	D 0	Y 17
				Amount 2500.00	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y
				Amount	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y
				Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **3225.00**

Statement of Expenditures

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jocelyn Rhynard									
To Whom Paid Anedot						M	D	Y	Amount
						0	8	3	1.10
Address 5555 Hilton Ave, Ste. 106				Purpose on-line donation fee					
City Baton Rouge		State LA		Zip Code 70808		Check Number on-line			
To Whom Paid Anedot						M	D	Y	Amount
						0	9	3	65.70
Address 5555 Hilton Ave, Ste. 106				Purpose on-line donation fee					
City Baton Rouge		State LA		Zip Code 70808		Check Number on-line			
To Whom Paid Anedot						M	D	Y	Amount
						1	0	1	49.80
Address 5555 Hilton Ave, Ste. 106				Purpose on-line donation fee					
City Baton Rouge		State LA		Zip Code 70808		Check Number on-line			
To Whom Paid Montgomery County Board of Elections						M	D	Y	Amount
						0	9	2	10.00
Address 451 W. Third St.				Purpose precinct map					
City Dayton		State OH		Zip Code 45422		Check Number cash			
To Whom Paid Montgomery County Board of Election						M	D	Y	Amount
									—
Address 				Purpose 					
City 		State 		Zip Code 		Check Number 			
To Whom Paid Montgomery County Parking Garage						M	D	Y	Amount
						0	9	2	2.00
Address 451 W. Third St.				Purpose Parking					
City Dayton		State OH		Zip Code 45422		Check Number cash			
To Whom Paid NAACP Dayton						M	D	Y	Amount
						1	0	1	150.00
Address 1528 W. Third St.				Purpose Freedom Fund Banquet tickets					
City Dayton		State OH		Zip Code 45402		Check Number 200			
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount
						1	0	0	30.00
Address 30 W. Spring St., L3				Purpose Financial Disclosure Statement					
City Columbus		State OH		Zip Code 43215		Check Number credit card			

Page Total \$ **308.60**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 2

Name of Committee in Full Friends of Jocelyn Rhynard									
To Whom Paid PNC Bank						M	D	Y	Amount 14.00
Address One PNC Plaza, 249 Fifth Ave			Purpose service charge						
City Pittsburgh		State PA	Zip Code 15222		Check Number on-line				
To Whom Paid PNC Bank						M	D	Y	Amount 7.50
Address One PNC Plaza, 249 Fifth Ave			Purpose card replacement fee						
City Pittsburgh		State PA	Zip Code 15222		Check Number on-line				
To Whom Paid PNC Bank						M	D	Y	Amount 14.00
Address One PNC Plaza, 249 Fifth Ave			Purpose service charge						
City Pittsburgh		State PA	Zip Code 15222		Check Number on-line				
To Whom Paid Superior Printing & Design						M	D	Y	Amount 223.68
Address 6012-A North Dixie Dr			Purpose Printing						
City Dayton		State OH	Zip Code 45414		Check Number 2				
To Whom Paid Superior Printing & Design						M	D	Y	Amount 594.17
Address 6012-A North Dixie Dr			Purpose Printing						
City Dayton		State OH	Zip Code 45414		Check Number credit card				
To Whom Paid The Next Wave						M	D	Y	Amount 1881.25
Address 100 Bonner St.			Purpose signs						
City Dayton		State OH	Zip Code 45410		Check Number 1				
To Whom Paid Wordpress.com						M	D	Y	Amount 99.00
Address 6029th St.			Purpose web hosting						
City San Francisco		State CA	Zip Code 94110		Check Number on-line				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Jocelyn Rhynard													
From Whom Received Jocelyn and Matthew Rhynard								Prior Amount -0-		Amt. Incurred this Period -2500.00			
Address 107 McDaniel St.										Outstanding Balance -2500.00			
City Dayton		State OH		Zip Code 45405		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M		D		Y		\$		M		D	
		1		0		1		2500.00				-0-	
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								M		D		Y	

From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M		D		Y		\$		M		D	
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								M		D		Y	

From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M		D		Y		\$		M		D	
Registration Number, if PAC								M		D		Y	
Employer/Occupation/Labor Organization*								M		D		Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ -0-

² Total received this period \$ 2500.00 (To Form No. 31-A-2)

³ Total payments this period \$ -0- (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 2500.00 (To Form No. 30-A)